

FILED JUN 5 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17340

State/File No.

BIRTH NO. REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 5776 Registrar's No. 41

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

650
150

1. PLACE OF DEATH a. COUNTY <u>MERCER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>MERCER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WASHINGTON TOWNSHIP</u>		c. LENGTH OF STAY (In this place) <u>0659</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>WASHINGTON TOWNSHIP</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ENOCH</u> b. (Middle) <u>EMERY</u> c. (Last) <u>CLEMENS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 9 1957</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>MAR-15-1870</u>			9. AGE (In years last birthday) <u>81</u>		10. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>MO.</u>

13a. FATHER'S NAME <u>PETER CLEMENS</u>		13b. MOTHER'S MAIDEN NAME <u>LEAH DEAN</u>		14. NAME OF HUSBAND OR WIFE <u>HANNAH CLEMENS</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>WAITMAN CLEMENS Spickard MO.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Organic Heart disease</u> ANTECEDENT CAUSES <u>Chronic Hypertension</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>8 months</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>592x</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Nov, 1956, to May 9, 1957, that I last saw the deceased alive on May 19, 1957, and that death occurred at 3:40 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. E. Cummings M.D.</u>		23b. ADDRESS <u>Spickard MO.</u>		23c. DATE SIGNED <u>5-10-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-12-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>COON CEM.</u>	
				24d. LOCATION (City, town, or county) (State) <u>MERCER CO. MO.</u>	

DATE REC'D BY LOCAL REG. <u>5-24-57</u>		REGISTRAR'S SIGNATURE <u>M. J. Rutledge</u> 393		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Schools Funeral Home Spickard MO.</u>	
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Edo W. ...

Signed.....
Student Embalmer

Licensed Embalmer No. 3771

P. O. Address Spinkard Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.